

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>JIMMIE LEWIS</b>	COURT CASE NUMBER <b>CA. NO. 05-013 GMS</b>
DEFENDANT <b>MARK EMIG</b>	TYPE OF PROCESS <b>O/C</b>

<b>SERVE</b> ➔  <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>CAPT AT THE H.R.Y.C.T</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>1301 E. 12TH ST, WILM, DE 19809</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <b>JIMMIE LEWIS, SBI #506628</b> <b>DEL. CORR. CENTER</b> <b>1181 PADDOCK RD</b> <b>SMYRNA, DE 19977</b>	Number of process to be served with this Form - 285 <b>4</b>
	Number of parties to be served in this case <b>44</b>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

**WORKS AS A CAPT AT THE H.R.Y.C.T**  
**COMPLAINTS ARE DATED: 7/18/06, 3/29/05**  
**(FORMA PAUPERIS) 1/6/05, 10/3/05**

Signature of Attorney or other Originator requesting service on behalf of:

*Jimmie Lewis*
☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

**N/A**

DATE

**7/17/06****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <b>DF</b>	Date <b>10-4-06</b>
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Ann Carlton, Admin officer**

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

**10/5/06**

Time

**9:00****am**  
pm

Signature of U.S. Marshal or Deputy

**BF**

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

2006 OCT -6 AM 8:50  
 FILED  
 CLERK U.S. DISTRICT COURT  
 DISTRICT OF DELAWARE